

## Additional Absences Form

Use this form if you need to report absences in addition to those listed on your or your child's 2022 Permanent Fund Dividend application.

Printed Name	Social Security Number	Date of Birth
Telephone Number	E-mail address	

Absence Code	Absence Begin Date (Month-Day-Year)	Absence End Date (Month-Day-Year)	Why were you absent?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

continue absences on back

### Absence Codes

- |   |  |
|---|--|
| <p><b>A</b> Accompanied an eligible Alaska resident as the resident's spouse, disabled dependent or minor child.</p> <p><b>B</b> Enrolled and attended school as a full-time student receiving postsecondary education (beyond grade 12). Download the Education Verification form at <a href="http://www.pfd.alaska.gov">www.pfd.alaska.gov</a>. See Q for secondary education.</p> <p><b>C</b> Served on active duty as a member of the U.S. Armed Forces. Attach a copy of your orders.</p> <p><b>D</b> Received continuous medical treatment under a licensed physician's care. Download the Medical Treatment Verification form at <a href="http://www.pfd.alaska.gov">www.pfd.alaska.gov</a>.</p> <p><b>E</b> Served as a member of Alaska's congressional delegation or staff.</p> <p><b>F</b> Served as a volunteer in the federal Peace Corps program. Attach proof.</p> <p><b>G</b> Trained or competed as a member of the U.S. Olympic team. Attach proof.</p> <p><b>H</b> As a requirement of employment by the State of Alaska. Attach proof.</p> <p><b>I</b> Other reasons, including business or vacation. Attach explanation.</p> | <p><b>J</b> Sought employment or was employed for a reason other than B, C, E, H or Q. Attach explanation.</p> <p><b>L</b> Cared for a parent, spouse, sibling, child, or stepchild with a critical life-threatening illness that required the ill individual to leave Alaska for treatment.</p> <p><b>M</b> Settled the estate of a deceased parent, spouse, sibling, child, or stepchild.</p> <p><b>N</b> Provided care for a terminally ill family member. Download a Physician's Statement for Terminally Ill Care form at <a href="http://www.pfd.alaska.gov">www.pfd.alaska.gov</a>.</p> <p><b>P</b> Employed aboard a vessel of the U.S. Merchant Marine.</p> <p><b>Q</b> Enrolled and attended school as a full-time student receiving secondary education (grades 7 through 12). Download the Education Verification form at <a href="http://www.pfd.alaska.gov">www.pfd.alaska.gov</a>. See B for postsecondary education.</p> <p><b>R</b> Participated for educational purposes in a student fellowship sponsored by the United States Department of Education or by the United States Department of State. Attach proof.</p> <p><b>S</b> Permanently relocated outside Alaska,</p> |
|---|--|

Signature of Applicant or Adult Sponsor if a minor		Social Security Number	Date of Birth
Printed name of the person who signed	Date	Daytime Phone Number	Email Address

Mail form to: Permanent Fund Dividend Division, PO Box 110462, Juneau, AK 99811-0462  
 Phone (907) 465-2326 Fax (907) 465-3470

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